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ABSTRACT

Findings of a descriptive study of Drug Free Schools and Communities Act (DFSCA) state and local programs are summarized in this paper. The formula grant program, which began in fiscal year 1987, is the single largest drug prevention program funded by the federal government. This paper describes the early planning and implementation of DFSCA programs from 1986 to the 1988-89 school year. Methodology involved visits to 40 state and local programs and surveys mailed to all state education agencies, all state agencies administering the governors' DFSCA programs, over 1,800 local education agencies, and approximately 460 governors' award recipients. Findings indicate that increased awareness of drug and alcohol problems facilitated the expansion of a variety of school- and community-based prevention programs and statewide initiatives. Wide support for staff training at both the state and local levels and strong intergovernmental and communitywide collaboration existed. Overall, needs assessment, monitoring, and evaluation were weak at the state and local levels for both state education agencies and governors' programs. Finally, a shortage of state-level staff to provide technical assistance and conduct program monitoring was identified. Six tables and two figures are included. (LMI)

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A STUDY OF THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT

REPORT ON STATE AND LOCAL PROGRAMS: EXECUTIVE SUMMARY

January 1992

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Judy Thorne
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EXECUTIVE SUMMARY

A STUDY OF THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT
REPORT ON STATE AND LOCAL PROGRAMS

Introduction

This report is a summary of the findings of a descriptive study of the Drug Free Schools and Communities Act (DFSCA) State and Local Programs. DFSCA State and Local Programs, a formula grant program begun in FY 1987, is the single largest drug prevention program funded by the federal government. Funds are allocated to local education agencies (LEAs) and community-based organizations (CBOs) through the state education agencies (SEAs) and the Governors' offices.

As extensive research over the past 20 years has indicated, the abuse of cigarettes, alcohol, and other drugs has been and remains a major public health problem for adolescents in this country. In 1986, the National Senior Survey[a] indicated that more than 90 percent of high school seniors had had alcoholic beverages to drink and over 65 percent were current users (i.e., had drunk alcoholic beverages during the last 30 days). Further, two-thirds of all seniors had smoked cigarettes and 30 percent were current smokers.

In a recent study conducted for the National Institute on Drug Abuse (NIDA)[b] it was found that alcohol continues to be the drug of choice among adolescents. Half of all youth aged 12 to 17 years had used alcohol, and 25 percent were current users of alcohol. Almost as many adolescents had experimented with cigarettes as with alcohol, but only half as many (12 percent) reported that they had smoked cigarettes in the month previous to the survey. Marijuana was the third most commonly used drug (17 percent had ever used it; 6 percent were current users), followed closely by smokeless tobacco.

Prevention Practices and Theory

Prevention efforts have changed substantially over time as researchers have begun to develop different models based on knowledge of human development and of children's and adolescents' drug use experiences. Drug education programs in the 1960s focused on instilling fear of the consequences of drug use. In the 1970s, prevention programs focused on providing accurate and

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[a]Bachman, J.G., Johnston, L.D., and O'Malley, P.M. Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors. Ann Arbor: University of Michigan, 1987.

[b]NIDA Capsule C-84-3, Revised August 1989.

complete information on drug use as well as on personal and social development. For example, affective education programs were designed to help youth develop skills to enhance self-esteem, problem-solving, decision-making, and interpersonal communication.

A more recent approach incorporates features from these earlier models and also emphasizes the relationships between individuals' psychosocial development and environmental influences. Resistance skills--how to say NO--are an important component of this approach, which strives to promote personal and social competence generally and with regard to situations such as the temptation to use alcohol and other drugs.

In a 1987 synthesis of research on school-based prevention programs, Klitzner concluded that a community-wide, "comprehensive approach to prevention involving the school, parents, youth and the community" held the most promise for reducing youth alcohol and other drug use. In the synthesis, he described a particular need for emphasis on well-planned implementation of comprehensive programs, with a greater emphasis on school policy, parent involvement, and specific strategies for reaching youth at high risk for drug use.[c] The vast majority of researchers and practitioners today agree that comprehensive prevention programs are most likely to be successful.

In short, then, research findings suggest that the most effective prevention programs would be those that combine cognitive, affective, and skills development approaches and are comprehensive in that they reach all students and involve the entire community (including the school, youth, parents, community agencies and organizations, and other segments of the community). While most school districts across the country were providing prevention programs for students before 1986, there is evidence to indicate that these programs were limited in terms of the numbers and types of students they reached and the comprehensiveness of their prevention approaches.

Prior to the enactment of the DFSCA in 1986, as many as 90 percent of school districts across the country reported that drug prevention was taught in their local schools. However, such instruction was generally not provided at all grade levels, nor at any one specific grade level (although junior high students were the most commonly targeted age group). Further, less than three quarters of school districts had adopted written drug abuse policies, and few districts reported taking actions in conjunction with drug offenses in the 1986-87 school year, according to a Congressionally mandated study by Chaney and Farris.[d] Most districts taught students "about the causes and effects of substance abuse, about ways to improve self-esteem, and about laws regarding substance abuse." Almost 90 percent of districts also offered "training in resisting peer pressure" as

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[c]Klitzner, M. D. (1987). Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs, Part 2: An Assessment of the Research on School-Based Prevention Programs. Washington, DC: U.S. Department of Education, October 1987.

[d]Chaney, B. and Farris, E. (1987). Report to Congress on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs, Part 4: Prevention Activities of State Education Agencies. Washington, DC: U.S. Department of Education, October 1987.

part of their prevention programs. However, less than half of all districts offered services aimed specifically at youth considered to be at high risk for alcohol and other drug use. Chaney and Farris also reported that local districts devoted only limited resources to drug prevention. "Ninety-one percent reported no central office staff working full-time on substance abuse education; and 28 percent had neither full-time nor part-time staff" with responsibility for drug use prevention.

The Drug Free Schools Communities Act

In response to the increased awareness of alcohol and other drug abuse among youth, Congress enacted the DFSCA to expand and strengthen drug and alcohol abuse education and prevention programs in communities throughout the nation. The President and the Congress designed the DFSCA State and Local Grants Program to encourage and support broadly based cooperation among schools, communities, parents, and governmental agencies to bring the nation significantly closer to the goal of a drug-free generation and a drug-free society. Congress has reaffirmed its belief in the critical role of these various agencies in achieving this goal through subsequent legislative amendments and by progressively increasing program resources. In FY 1990, a total of $460,554,000 was available to support the efforts of these State and Local Programs; and for FY 1991, $497,709,000 was appropriated.

The U.S. Department of Education is responsible for administering the DFSCA and the Department annually distributes DFSCA funds to the states via the state education agencies (SEAs) and the Governors' offices. Each SEA must allot approximately 90 percent of the funds it receives to local education agencies (LEAs)[e] to improve alcohol and other drug use education, prevention, early intervention, and rehabilitation referral programs. SEAs may use the remaining 10 percent of the funds for administrative activities and/or to supplement the grants to LEAs. The Governors' offices provide financial support for anti-drug abuse efforts to parent groups, community-based organizations, or other public or private nonprofit entities. At least 42.5 percent[f] of the Governors' funds must be used for programs for youth at high risk for alcohol and other drug use (as defined in the Act).

Overview of the Implementation Study of DFSCA

The purpose of the implementation study of DFSCA State and Local Programs was to describe the early planning and implementation of DFSCA programs in the 50 states, the District of Columbia, and Puerto Rico. The study focused on the time period from passage of the Act in 1986 through the 1988-89 school year, and all findings presented in this summary pertain to that period of time.

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[e] Throughout this report, the terms "local education agency," "LEA", and "school district" are used interchangeably.

[f] At the time of this study (SY 1988-1989) the required percentage was 50 percent.

The Research Triangle Institute conducted this study under contract to the U.S. Department of Education. The study was designed to support policy and program planning at the federal, state, and local levels by providing a comprehensive and nationally representative description of state, school district, and community practices in planning, administering, implementing, and evaluating DFSCA programs. The research questions that the study was designed to address included the following:

(1) Who received DFSCA funds in the 1988-89 school year?

(2) How did the states and local programs plan the implementation of their initial DFSCA programs?

(3) What kinds of programs/services were implemented in the 1988-89 school year?

(4) How did state and local officials collaborate and coordinate DFSCA programs, and how has the DFSCA facilitated collaboration among schools, governmental agencies, and communities in drug prevention programs?

(5) How are state and local grantees assessing local needs and evaluating program impact?

(6) What are the differences and similarities in the programs for youth at high risk for alcohol and other drug use that are supported by the DFSCA Governors' programs and those supported by the U.S. Department of Health and Human Services' Office of Substance Abuse Prevention?

To accomplish the goals of the implementation study, project staff conducted four national surveys and visited forty state and local programs in order to provide a comprehensive description of DFSCA program implementation nationwide. The four mail surveys included:

- a survey of all state education agencies,
- a survey of all state agencies administering the Governors' DFSCA programs,
- a survey of a sample of over 1800 local education agencies, and
- a survey of a sample of about 460 Governors' award recipients.

In addition to the surveys, project staff gathered in-depth information through visits to ten states selected to represent a broad range of programs and state administrative organizations. Within each state, RTI staff visited a minimum of two state-level administrative programs (the SEA and one or more agencies administering the Governor's DFSCA program), at least one local education agency, and at least one Governors' award recipient.

Findings

The following sections of this summary discuss the findings of the implementation study of DFSCA with regard to major topics as they relate to both state and local DFSCA programs. These major topics include (1) efforts to initiate and establish school- and community-based prevention programs; (2) training and technical assistance received and provided by programs; (3) interagency and community-wide collaboration and coordination at the state and local levels; (4) the status of monitoring and evaluation efforts within DFSCA programs; and (5) federal, state, and local leadership in program development and program improvement. The final section presents recommendations for the future of the DFSCA programs.

Establishing School- and Community-Based Prevention Programs

Increased Awareness Stimulates State Program Implementation

In response to increased awareness of alcohol and other drug problems and the need for increased resources for prevention programs at the local, state, and national levels (including funds available through DFSCA), states and localities began and expanded a variety of school- and community-based prevention programs and statewide initiatives. Between 1987 and 1989, most states expanded the requirements for LEA prevention programs. In the first year after the passage of the DFSCA, the number of states that required prevention education in all grade levels (kindergarten through grade 12) increased from 21 to 30, and the number of states requiring integration of alcohol and other drug use prevention instruction across a broad spectrum of curricular areas (e.g., health, social studies, and science) increased from eight to 17 states. Many of the SEAs visited during the implementation study were in the process of revising and expanding prevention curricula and activities. By 1988-89, 97 percent of all school districts in the country offered alcohol and other drug use prevention and education. Further, at least 78 percent of all districts were receiving DFSCA funds at that time, and those DFSCA school districts enrolled over 94 percent of the nation's students.

DFSCA funds are allocated to LEAs and community-based organizations through the SEAs and Governors' Offices. Prior to FY 1990, 70 percent of each state's grant was allocated to SEAs and 30 percent to Governors' Offices. Beginning in FY 1990, funding for Governor's programs was capped at the FY 1989 level. The SEA allocation was also adjusted so that any funds appropriated above the FY 1989 level are allocated to SEAs on the basis of school-aged population and share of Federal compensatory education funding under Chapter 1 of Title 1 of the Elementary Secondary Education Act.

The study found a wide variety of funding was available to school-based prevention efforts, which would indicate broad-based support for these programs. In addition to the DFSCA funding

available to districts through their SEAs, over 50 percent of all LEAs allocated district funds to prevention programs, and between 10 and 20 percent of districts obtained prevention program funding through these sources: community agencies, law enforcement agencies, municipal drug programs, state government agencies other than education, and DFSCA funds through the Governors' programs in their states. The amount of funds available from these sources is not currently known.

While the SEAs provided DFSCA funds to LEAs primarily on the basis of enrollment size, DFSCA Governors' programs targeted funds (to schools and other organizations and agencies) to meet locally identified needs for prevention services and to support efforts to coordinate planning and service delivery at the state and local levels. In fact, the primary influences on choices of how to direct Governors' program funds were: perceived local needs; advice from advisory group members, Governors' offices, and state educators; and statewide surveys of drug abuse.

States reported that significant positive changes[g] had occurred at the state and local levels as a result of DFSCA, including:

- Increases in the number of school districts with formal prevention programs (52 states),
- Increases in school-community collaboration (50 states),
- Increases in parent involvement in drug education efforts (49 states),
- Increases in degree of community involvement in prevention programs for youth (e.g., business leaders, government officials) (46 states), and
- Increases in the number of high-risk youth served in drug education programs (38 states).

Local Program Participation

DFSCA grants to LEAs through the state education agencies varied widely on size, while grants to Governors' award recipients varied widely in terms of both size and duration. The median award for the estimated 8,874 school districts that were funded directly[h] was about $6,500 in 1988-89, and ranged from a low of $10 to a high (for a single district) of over $1.6 million. The median

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[g]Survey respondents were asked to judge whether each of a list of prevention "activities" had increased, decreased or stayed the same. Findings are based on "52 states," which include the 50 states, the District of Columbia, and Puerto Rico.

[h]Of the estimated 11,493 districts that received DFSCA funds from their state education agencies, 8,874 (or 77 percent) received funds directly as a single district (not as a member of an intermediate education agency or consortium).

grant size for the estimated 1,730 Governors' award recipients in 1989 was about $25,000, ranging from $60 to more than a million dollars. While the duration of each grant period for school districts was one year (with continued annual funding), Governors' awards had durations ranging from less than one month to more than two years. Nearly half of the Governors' awards were for a period of less than one year, and many local programs indicated that the brevity of the grant period created problems for the funded programs (see discussion below).

Characteristics of Participating School Districts

This study's survey of a nationally representative sample of local education agencies indicated that at least 78 percent (or 11,440) of the nation's LEAs received DFSCA funding through their SEAs during school year 1988-89. The funded LEAs enrolled approximately 94 percent of all public school students in grades K through 12. Sixty-eight percent of participating DFSCA-funded school districts received their funding directly from the SEA, as individual school districts; 11 percent received funding as members of an intermediate education agency (IEA); 18 percent were members of consortia formed specifically for the purpose of providing drug abuse education through DFSCA; and 3 percent were in both an IEA and a consortium.[i]

Comparing the characteristics of LEAs participating in DFSCA with those not participating, we found that the nonparticipating LEAs had much smaller enrollments -- the average enrollment for participating LEAs was 3,364 students, while it was only 782 students for nonparticipating LEAs (see Table E-1). Participating LEAs ranged in size from 8 to 594,802 students -- compared with a range of 4 to 17,063 students for nonparticipating LEAs. Similarly, nonparticipating LEAs were twice as likely to be in a rural or small town setting as were participating LEAs.

As could be expected, 97 percent of participating LEAs[j] offered substance abuse education in 1988-89, compared to only 69 percent of nonparticipating LEAs (Table E-2). States often provided supplemental DFSCA funds to participating districts in order to increase the funding to small LEAs and to target funds to LEAs serving high-risk youth. Further, a higher proportion of participating LEAs received funds from other, non-DFSCA sources for alcohol and other drug prevention activities than did nonparticipating LEAs. These other funding sources included state and district funds, law enforcement agencies, community organizations, and municipal programs.

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[i] It is likely that the respondents answering with this option belong to both an IEA and a consortium but receive DFSCA funds through only one of the groups.

[j] The remaining three percent of DFSCA-funded districts were using their funds to initiate a program but had not yet begun instruction and activities for students at the time of the survey.

Table E-1. Differences in Size of District Enrollment for Local Education Agencies Receiving and Those Not Receiving DFSCA Funds Through Their State Education Agencies

	LEAs Receiving DFSCA Funds Through SEA (N=11,493)	LEAs Not Receiving DFSCA Funds Through SEA (N=3,194)
Mean enrollment	3,364	782
Median enrollment	1,500	305
Range of enrollment sizes	8 to 594,802	4 to 17,063

Source: Item 4 of the Local Education Agency Questionnaire

Table E-2. Differences in Availability of Alcohol and Other Drug Education Programs and in Receipt of Funding for These Programs, for Districts Receiving and Districts Not Receiving DFSCA Funds Through Their State Education Agencies

	LEAs Receiving DFSCA Funds Through SEA (N=11,493)	LEAs Not Receiving DFSCA Funds Through SEA (N=3,194)	All LEAs N=14,687
Percent With Substance Abuse Education in 1988-89	96.7%	69.2%	90.3%
Percent Receiving Funds For Substance Abuse Education Through:			
State non-DFSCA Funds	25.1%	10.7%	15.4%
District funds	67.9%	69.5%	51.0%
Law enforcement agencies	17.9%	22.3%	12.9%
Consortium of LEAs	18.0%	3.8%	11.1%
Community agencies	27.5%	19.8%	19.0%
County or city drug abuse program	18.8%	12.1%	12.5%
Other source	17.8%	16.8%	8.2%

Source: Items 8 and 10 of the Local Education Agency Questionnaire

Reasons for Nonparticipation of School Districts in DFSCA

School districts that did not participate in DFSCA in school year 1988-1989 gave varying reasons; the most frequently cited reasons given in response to the LEA survey were: (1) the LEAs were unaware these funds were available (32 percent of nonparticipating LEAs); (2) the districts' existing alcohol and other drug use prevention programs were deemed sufficient (21 percent); and (3) the amount of funding available to LEAs, being proportional to district enrollment, was too small to justify the time and expense of applying (18 percent). Other reasons cited by smaller numbers of nonparticipating LEAs included late applications, errors in applications, and a history of not accepting federal funds.

State-level DFSCA program coordinators in the visited SEAs agreed that nonparticipating LEAs in their states tended to be those with small enrollments and correspondingly small allotments. In one of these states, the smallest allotment during 1987-88 was $10; in another it was $30. For small LEAs, the effort to participate may have exceeded the apparent benefits, since the LEAs had limited staff to support application procedures and reporting requirements.

To encourage participation of small LEAs, three visited SEAs used a portion of their SEA set-aside funds to supplement funding for small LEAs. One of these guaranteed small LEAs within the state a minimum of $2000. Even so, at least four small LEAs in that state did not apply until the SEA provided technical assistance for the application and project planning process.

All of the SEAs visited during the study said they had seen an increase in the number of participating LEAs over the first three years of funding, which they attributed to the overall increase in the size of DFSCA allocations, encouragement and technical assistance from the SEAs, and a growing sense of urgency in the LEAs' communities about the need for drug prevention and education programs. LEAs generally agreed with this assessment and stressed the importance of technical assistance from their SEAs.

Characteristics of Governors' Award Recipients

During the period of July 1, 1988 through June 30, 1989, Governors' funds supported an estimated 1,215 local projects for high-risk youth and 515 other discretionary projects, for an overall total of 1,730 awards. Two-thirds of these recipients competed for funds under requests for proposals issued by Governors' offices and distributed to organizations within the state.

The average size of grants to Governors' award recipients was about $18,000, but the award sizes varied widely. This was true for both high-risk youth projects and other discretionary projects (Table E-3). Both types of projects ranged from under $2,500 to over $100,000; but, in general, awards made to organizations implementing projects for high-risk youth were larger than those made for activities supported with other discretionary grants.

Table E-3. Number and Percent of DFSCA Governors' Awards by Funded Amount for 1 July 1988 - 30 June 1989, as Reported by Governors' Programs

		High Risk Youth Percent of Awards (n=1215)	Other Discretionary Percent of Awards (n=515)
Under	$2,499	5.5%	17.2%
	$2,500 - $4,999	4.8%	12.1%
	$5,000 - $9,999	10.4%	16.4%
	$10,000 - $24,999	33.5%	28.3%
	$25,000 - $49,999	27.0%	12.1%
	$50,000 - $74,999	11.1%	6.3%
	$75,000 - $99,999	2.9%	2.4%
	$100,000+	4.9%	5.3%
	TOTAL	100.0%	100.0%

Source: Item 24 of the Questionnaire for Governor's (Chief Executive Officer's) DFSCA Program

As noted above, nearly half of the Governors' projects for high-risk youth were funded for less than one year (Table E-4). Among recipients of other discretionary funds, 51 percent received support for projects lasting between 12 and 23 months, while 41 percent received support for projects of between six and 11 months. A few of these projects (about 5 percent) received funds for short-term activities (less than six months' duration). A number of Governors' award recipients visited for this study complained that their awards were of such short duration that they had difficulties in planning for program services and in hiring staff. One program that responded to the survey had received an award for a period of 8 months. They found it took them nearly 3 months to identify and assign staff members and another month to locate and secure space and facilities; by then only half of the grant period remained. Another responding high risk youth program had applied for a twelve-month grant and proposed to initiate services to youth within a school district for the upcoming school year, but the grant was awarded for a period of only six months, starting in September. While staff were identified and placed in the schools by mid-September, they found that teachers were reluctant to refer students to them for services since they knew that the services would be terminated before the end of the school year. Staff of the Governors' programs in two visited states indicated to site visitors that they recognized that short grant periods were causing problems and were taking steps to eliminate grants shorter than 1 year.

Nearly all awards (87 percent) from the DFSCA Governors' allocations went to single-organization recipients that were independent, community-based entities, such as public schools, districts, or consortia headed by school districts (which accounted for 18 percent of all

Table E-4. Number and Percent of DFSCA Governors' Awards by Award Duration, for 1 July 1988 - 30 June 1989.

Duration of Award	High Risk Youth Percent of Awards	Other Discretionary Percent of Awards
Less than one month	0.0%	<1.0%
1 to <3 months	<1.0%	1.0%
3 to <6 months	0.0%	4.0%
6 to <11 months	47.7%	40.6%
12 to <23 months	47.2%	50.9%
2 years of more	5.0%	3.2%
TOTAL	100.0%	100.0%

Source: Item 24 of the Questionnaire for Governor's (Chief Executive Officer's) DFSCA Program.

recipients),[k] community mental health centers (10 percent), or free-standing drug abuse treatment centers (8 percent).[l] As shown in Figure E-1, other types of organizations receiving funding included Native American tribes, community action agencies, and police departments.[m] It is interesting to note that high-risk youth awards and other discretionary awards were distributed across the various types of recipient organizations in much the same proportions, with the exception of police departments. That is, while only six percent of the recipients of high-risk youth awards were police departments, they accounted for 20 percent of other discretionary award recipients.

Approximately 13 percent of all awards went to coalitions of organizations, five on average, that joined to seek funds for implementation of projects. As with the single-organization recipients, the most frequent type of organization involved in these coalitions was an educational institution (20 percent of all coalitions included one or more).

A substantial proportion of the Governors' allocation went to support education and prevention activities designed and implemented by school districts, colleges, and private schools,

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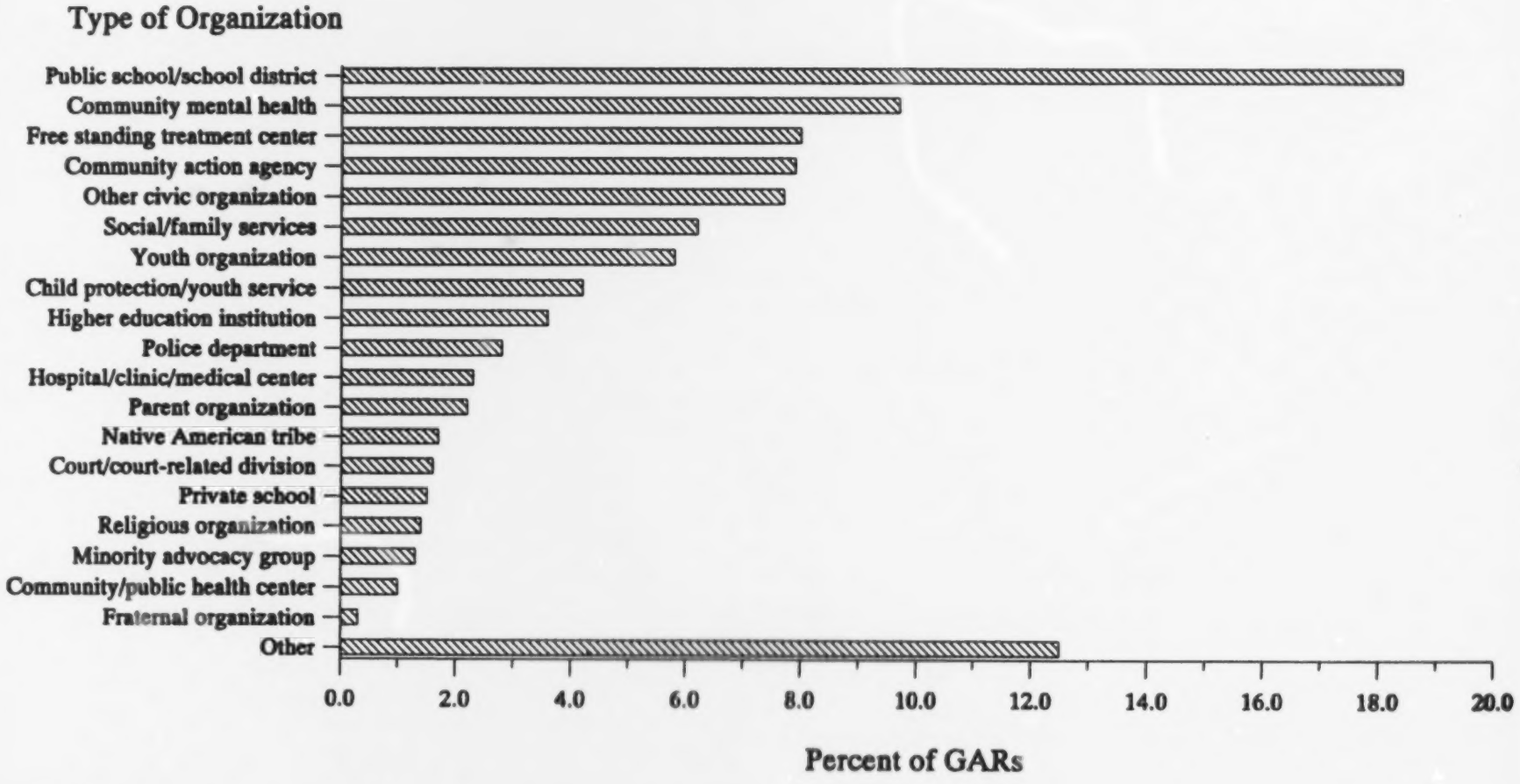
[k] Eighteen percent of all Governors' award recipients (that were funded as of December 1, 1989) were either single public schools, single school districts, or consortia headed by (as its lead organization) a public school or district. If we include postsecondary and private schools, the figure increases to 24 percent. Excluding postsecondary and private schools but including consortia with any public schools or districts, the figure is 27 percent.

[l] The DFSCA funds awarded to treatment centers and hospitals were not for treatment; they were used for education and prevention activities conducted by those organizations.

[m] Seven of the 10 Governors' award recipients visited during the conduct of this study were nonprofit organizations; one was a local government agency; and two were school systems. Five of the 10 used their DFSCA funds to support school-based programs.

Figure E-1. Types of Governor's Award Recipients* Receiving DFSCA Funds



*Single/lead organizations only

including many of the same districts that implemented projects funded through the SEA allocations. Further, about half of the services provided by the Governors' award recipient projects were located in an elementary or secondary school.

Use of Funds to Establish Programs

Data on the expenditure of DFSCA funds in 1988-89 by local school districts suggest that the participating districts were implementing prevention programs for the first time or were updating and substantially expanding existing programs rather than merely continuing or slightly expanding on what they had been doing. Approximately half of district DFSCA funds that school year were spent for two main categories of activities: staff development and training (23 percent of funds) and the development and/or purchase of instructional materials (28 percent). Other major expenditure categories for districts included student instruction and training (15 percent of funds) and student support services (13 percent).

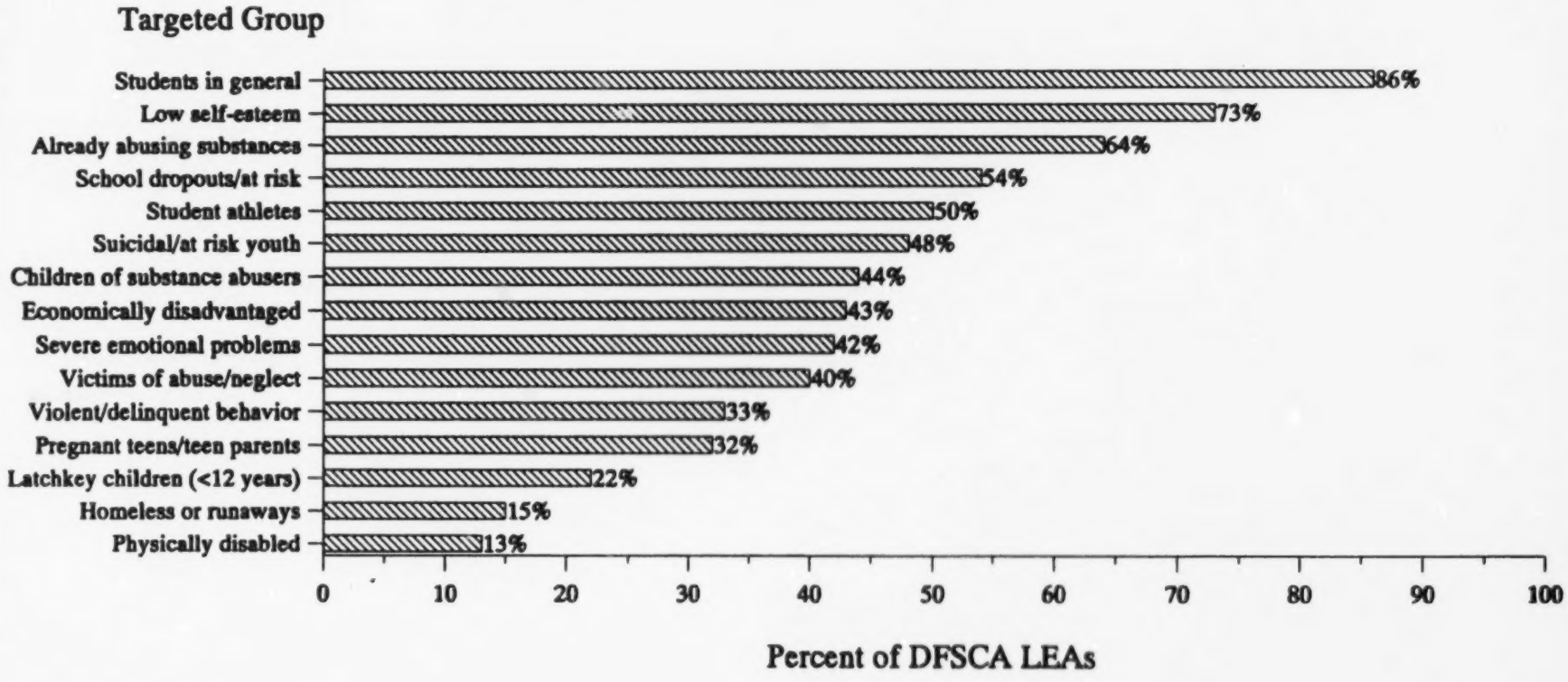
The activities provided for students by participating districts included instruction, counseling, peer support groups, community service projects, and referral to other services. The study also found that the types of services provided by districts did not vary much by the size of the DFSCA grant or by the geographic region of the country in which the districts were located.

Progress in Local Prevention Programming

The implementation of DFSCA has brought advances in prevention education and services available to the nation's youth; more districts are offering prevention programs to a greater proportion of their students, and the programs are becoming progressively more comprehensive in nature, in terms of the types of students served, the kinds of activities available, and the types of drugs that are targeted. The great majority of participating LEAs (over 85 percent) provided prevention activities for the general student population, and at least three-quarters of them also had many services designed for students exhibiting a host of risk factors for drug use. Nearly all of the groups of students identified by the Act to be at high risk for alcohol and other drug use were targeted by 40 percent or more of the LEAs (see Figure E-2). These groups included students known or suspected to be drug/alcohol users, students who had dropped out of school or who were at risk of dropping out, student athletes, students who had attempted suicide, children of substance abusers, economically disadvantaged students, students with severe emotional problems, and victims of abuse or neglect. There appeared to be only minor differences between LEAs funded individually and LEAs in IEAs/consortia with regard to the amount of emphasis given to these risk factors in their DFSCA projects.

Every school district that was visited by project staff during this study had a prevention curriculum designed to educate all of their students and nearly all had additional activities targeted

Figure E-2. Percent of LEA DFSCA Programs That Have Some/Great Deal of Activities Designed for Specific Target Groups



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LEA20

to specific groups of high-risk youth. For example, one LEA's DFSCA project involved (1) a comprehensive K-12 drug prevention curriculum for all students, (2) peer support groups in the junior and senior high schools for students who volunteered or were referred by school staff, and (3) a structured awareness and early intervention program for students at all grade levels who were first-time violators of school drug use policies. A typical pattern in the visited LEAs was both a district-wide prevention curriculum for students in general and either a Student Assistance Program or other support program(s) specifically for students at risk or already using harmful substances.

School-based programs known as "Student Assistance Programs" (SAPs), modelled after the employee assistance programs found in industry, conduct such activities as early identification, referral, and support for students at risk in some way. SAPs address alcohol and other drug problems in particular, and they often address other student problems and concerns as well.

By providing a wider range of drug use prevention activities for all age levels of students, LEA programs became more comprehensive in scope. In response to the study's LEA survey, districts indicated the types of activities and services their programs encompassed. While we do not have information that would allow an assessment of the quality of these program components, the range and numbers of activities were impressive. LEA prevention programs supported by DFSCA in 1988-89 provided a broad range of services and activities -- such as instruction, counseling, and support groups -- to the students in those districts. The four prevention activities for youth cited most frequently by LEAs involved direct interaction between students and school staff. These four activities were:

- Student instruction (provided by 91 percent of DFSCA LEAs),
- Activities to promote self-awareness and social adjustment of students (77 percent),
- Student counseling and guidance by staff (77 percent), and
- Alcohol and drug-free extracurricular activities (66 percent).
- Other student activities that were provided by more than 40 percent of the LEAs included peer support groups for prevention, formal Student Assistance Programs, identification and referral of drug users, and peer counseling.

DFSCA projects targeted a wide range of drugs, with most of them giving major attention to two of the important drugs that students try first: alcohol (74 percent of LEAs) and marijuana (52 percent of LEAs). Other drugs were emphasized in fewer districts. For example, cigarettes were a strong focus for 38 percent of LEAs, cocaine for 36 percent, smokeless tobacco for 22 percent, stimulants other than cocaine for 22 percent, hallucinogens other than marijuana for 18 percent, and steroids for 18 percent.

The prevention activities and services provided through the Governors' DFSCA award recipients complemented those of the school districts. While they targeted youth with many of the same risk factors for drug use, the Governors' award recipients gave additional attention to age groups not specifically targeted by the schools, that is from birth to four years of age, and from 19 to 21 years old. The Governors' award provided many of the same types of activities as did the schools, but in addition they offered community awareness campaigns, media campaigns, drop-in support groups in nonschool settings, and an emphasis on parent skills development for drug use prevention.

Training and Technical Assistance Efforts

Wide Support for Training at Both the State and Local Levels

Nationally, 73 percent of LEAs that participated in DFSCA reported that they supported teacher/staff training with DFSCA funds. Further, participating LEAs spent 23 percent of their DFSCA funds on training (which amounted to $26,392,000). Teachers were trained in identifying and referring at risk students, using techniques and resources for teaching about alcohol and other drugs, and building students' social and resistance skills. Other staff received training in awareness of prevention issues, indicators of student drug use, and the need for prevention programs in the schools.

Governors' award recipients spent 18 percent of their DFSCA funds on training programs for staff, parents, and community leaders (a total of $10,553,000). At least 40 percent of all Governors' projects directed some of their efforts toward improving parenting skills, particularly those that are relevant to preventing drug use among children and youth. Nearly three-quarters of Governors' projects provided some training for the program's staff and/or volunteers.

Training and technical assistance accounted for the largest portion of the SEA funds that were set aside for state use[n] (35 percent of set-aside funds, or $6,842,000); 19 SEAs used 50 percent or more of their set-aside funds for this purpose. State agencies with fewer staff members were understandably able to provide less training than states with more staff (average SEA program staff = 2.5 FTE; average Governors' DFSCA program staff = 1.5 FTE). Thus, 59 percent of LEAs received teacher/staff training, while only 38 percent of Governors' award recipients reported receiving such services.

Over 70 percent of the DFSCA school districts reported increases in the quantity and quality of teacher and staff training as part of their prevention programs as well as in the numbers of teachers and staff involved in prevention programs generally.

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[n]The set-aside amount is equal to 10 percent of SEA funds.

Additional Need for Training and Technical Assistance

Sixty percent of LEAs and 48 percent of Governors' award recipients reported that they wanted additional teacher/staff training services. The areas in which those programs reported a need for technical assistance included training parents and community leaders, encouraging parental involvement, conducting needs assessments and program evaluations, and receiving information on effective practices.

Coordination of Prevention Resources

The Drug-Free Schools and Communities Act contains numerous provisions to foster cooperation, coordination, and collaboration among relevant state-level and community-based organizations and service systems, the intent of which is to encourage a comprehensive community-wide approach to prevention and to improve the likelihood that alcohol and other drug use prevention programs would achieve their objectives. Both survey and site visit findings indicated that state and local programs throughout the country showed strong evidence of the kind of intergovernmental and community-wide collaboration called for in the Act. Further, site visits indicated that the level of cooperation and collaboration that had come about as a result of DFSCA represented a substantial increase in such interactions when compared with previous years.

State Level Coordination

At the state level, the study revealed strong leadership from Governors and chief state school officers, participation of leaders of other state agencies and of state advisory councils in program planning and implementation, and extensive program coordination among agencies. For example, relevant state agencies (such as health, mental health, drug abuse, judicial, and law enforcement agencies) participated in state-level drug prevention efforts, particularly through membership on DFSCA advisory councils or informal alliances. In some cases these councils served as a state advisory council; in other cases they operated in addition to a state advisory council, focusing on interagency collaboration and implementation of state strategies. In three of the 10 visited states, leaders of key state agencies formed alliances to engage in planning state strategies in drug prevention and other aspects of interagency collaboration. In one visited state, an alliance of agency leaders established through an interagency agreement expanded from three agencies prior to DFSCA to seven agencies following enactment. In all visited states with such an alliance, the group was credited with having had a major positive impact on state-level interagency cooperation.

While the combined efforts of these agencies and organizations were supportive of and helpful to the expansion of drug prevention and education, the following issues emerged:

- **Multiple advisory groups.** In some states, a single advisory council served both the SEA and the Governor's program. In other states, each program (or even each of several state agencies) had one or more independent advisory councils. Further, some states established interagency councils to coordinate these several advisory councils. While the establishment of multiple groups worked relatively well in some visited states, in some states there was evidence of duplication of effort across groups and confusion regarding the roles and responsibilities of the individual groups.

- **Level of involvement.** Governors' advisory groups tended to take a more active role in setting policy and overseeing program operations than did SEA advisory groups. For example, advisory groups were involved in recommending or setting Governors' program policy and strategy in 36 states, while advisory groups were involved in the same task for the SEA program in only 24 states. Policy decisions for SEA programs were usually made by SEA staff and state boards of education rather than by the advisory groups. Further, Governors' program advisory groups tended to be involved in review of applications for DFSCA funds (25 states) considerably more often than were their SEA counterparts (9 states).

- **State interagency coordination.** SEAs and Governors' programs were more likely to interact closely with their state's drug and alcohol agency or health/mental health agencies to coordinate programs than with legal or judicial agencies, higher education authorities, social services or community development agencies, motor vehicles administrations, and their state legislatures. Such interactions were likely to expand resources available for prevention services and for evaluating programs, increasing public awareness, and identifying resources for treatment and rehabilitation. Site visitors observed substantial reciprocal interaction between the SEA, the Governor's programs, and other agencies. Law enforcement agencies actively promoted educational programs presented by law enforcement officers, and both SEAs and Governor's programs cooperated in getting these programs into schools. In many visited states, health and mental health agencies had trained drug abuse prevention specialists whose expertise was called on for planning state and local programs. Further, many DFSCA programs were able to coordinate with the state agency administering the Alcohol, Drug Abuse, and Mental Health block grant under Part B of Title XIX of the Public Health Service Act in order to make available a full continuum of services (education, early intervention, treatment, and aftercare).

State-Local Collaboration

Collaboration between the state and local program levels primarily took two forms: providing training and technical assistance services to LEAs and Governors' award recipients and developing state initiatives to support local coordination. State initiatives included encouraging the establishment of a single local advisory council and providing school/community team training. In

four visited states, the SEA and Governors' programs had taken steps to encourage the combining of the LEA advisory council with a broader-based community team to form a single local advisory council. In the first of these states, the SEA had developed a model by which local school districts would establish school/community teams to take the lead in developing a comprehensive local plan. The SEA sponsored an intensive residential training program that included awareness, team building, and action planning. After this training, the teams returned to their communities and launched their own efforts by conducting a two-day staff awareness program for all LEA staff. A significant portion of the Governor's funding in this state was used to expand this training to other community members (such as parents, members of civic organizations, and community agency staff) and thereby to form school/community teams.

In another visited state, the SEA and Governor's programs jointly encouraged LEA DFSCA advisory councils to expand their membership and serve as a community-wide advisory council. The SEA provided school/community team training for the councils, and the Governor's program sponsored motivational and educational conferences for trained team members.

In a third state, the Governor enthusiastically adopted the idea of school/community team training promoted by the Regional Centers for Drug-Free Schools and Communities. He then provided approximately 15 state staff members to promote and train school/community teams throughout the state. These teams then provided support to the prevention activities of the local schools and of local GAR programs.

Finally, the Governor's advisory council in a fourth state decided to use the Governor's funds to hire coordinators for approximately 60 LEAs in the state. A condition of the grants was the establishment of a community council. The coordinators worked closely with both the LEA and the community program, and in the visited LEA program, the coordinator was working to merge the LEA advisory council with the community council.

Local Level Coordination

At the time of the study, only 71 percent of participating LEAs reported that they had a local advisory council; 61 percent of Governors' award recipients also had advisory councils. Advisory councils generally provided support rather than administered the programs -- e.g., publicizing program activities, increasing interagency cooperation, increasing community awareness and involvement, and increasing parent involvement. However, only 40 percent of LEAs identified advisory councils as an important factor in deciding how to spend local DFSCA funds.

In two visited LEAs and two visited Governors' award recipient projects, the advisory councils had participated in school/community team training and were engaged in implementing full-scale community mobilization, including the development and implementation of a master plan for the community. In these four programs, as well as in one other visited Governors' award project and three other visited LEAs, the LEA and Governors' local projects shared an advisory

council, giving the community a single advisory council, a single integrated strategy for drug prevention and education, and a single plan for integrating drug prevention and education with community treatment resources to ensure a full continuum of alcohol and other drug abuse services. In nearly all of these programs, the appointment of a single community advisory council was encouraged and supported by the SEA and Governor's administering agency.

Coordination of Programs for Youth at High Risk for Alcohol and Other Drug Use

A comparison of the demonstration grants supported by the Office of Substance Abuse Prevention (OSAP) and the Governors' DFSCA grants for youth at high risk of alcohol and other drug use ("Governors' High Risk Youth projects") revealed different program strategies to support local prevention efforts for these youth. The Governors' High Risk Youth projects supported a wide range of services, such as community awareness campaigns, counseling and support groups for youth, training for parents, teaching peer resistance skills, and community needs assessment. OSAP demonstration grants, on the other hand, were designed primarily to conduct research regarding the effectiveness of various prevention models and thus expand knowledge of effective approaches for youth at high risk for alcohol and other drug use.

More than half of the Governors' high risk youth awards were relatively small (less than $25,000) and of short duration (a year or less). OSAP awards were quite large (75 percent were between $100,000 and $500,000) and much longer (three years).

Coordination between the OSAP demonstration grants program and the Governors' DFSCA program at the Federal, state, and local levels would increase the flow of information on effective prevention strategies to service providers. The complementary funding mechanisms in both OSAP and the Department of Education for programs targeted towards high risk youth are working well; financial support is reaching an array of providers that are targeting demonstration programs for, or offering a variety of services to, many different kinds of at-risk youth. Since a major objective of the OSAP grant program is to demonstrate effective models of prevention for youth at high risk of alcohol and other drug use, a sharing of information between the two types of programs would be beneficial to both.

Status of Needs Assessment, Monitoring, and Evaluation Efforts in DFSCA

Overall, needs assessment, monitoring, and evaluation were weak at the state and local levels for both SEA and Governors' programs. Less than half of the state-level programs had conducted needs assessments. Only 15 SEAs and 16 Governors' programs had performed outcome evaluations of prevention programs in their states since 1987. However, the fact that state-level Governors' programs were conducting any evaluation activities, despite the fact that at the time of the study funds for administration (including evaluation) were not set-aside, is significant. It is important to note that outcome evaluations may not be appropriate early in program

implementation. Further, outcome evaluations are difficult to conduct and may require special technical expertise.

Evaluation at the state level primarily focused on program implementation -- for example, documenting activities (23 SEAs and 19 Governors' programs) and describing the degree of community involvement (13 SEAs and 18 Governors' programs). Twenty-five states had conducted surveys of youth drug attitudes and use. State and local programs used these surveys for multiple functions: to provide an assessment of the need for prevention programs, to establish a baseline measure of drug use and attitudes with which to compare subsequent measures, and to assess the effectiveness of programs.

Forty-eight SEAs and 48 Governors' programs said they required local programs to conduct one or more specific forms of evaluation, but few local programs had yet completed an evaluation. As shown in Tables E-5 and E-6, 67 percent of Governors' award recipients had completed or were conducting a process evaluation, while only 49 percent of LEAs had completed or were conducting a process evaluation. Forty-four percent of Governors' award recipients had completed or were conducting an evaluation to assess program effects, while only 32 percent of LEAs had completed or were conducting such an evaluation.

Most of the staff in local programs visited during this study recognized the need for evaluation of their DFSCA program activities and expressed a desire for more direction with regard to the nature of the evaluations they should conduct. Many SEA program staff also wanted training to conduct evaluations.

Program Monitoring

For both SEAs and Governors' programs, DFSCA funds have supported increases in drug prevention program staff. However, SEAs and Governors' programs reported that they had insufficient staff to provide the levels of technical assistance (particularly for evaluation, needs assessment, and training) requested by LEAs and Governors' award recipients and to conduct adequate program monitoring, including site visits. In the 1988-89 school year, an average of only 2.5 full-time equivalent professional and technical positions were assigned to SEA program responsibilities; 13 SEAs reported no more than one FTE position. The shortage of state level staff was reflected in the amount of program monitoring reported by local programs; only 29 percent of participating LEAs said they had received a formal monitoring visit in the preceding year.

Table E-5. Status of Evaluation Efforts of Governors' DFSCA Award Recipients in 1989-90

Evaluation Effort	Completed: Percent of GARs (n=1,730)	In Progress: Percent of GARs (n=1,730)
Documentation/description of program activities	30.2%	36.8%
Survey or other structural activities to assess program effect on those involved	16.0%	27.9%
Use of tests or evaluation instruments to measure knowledge or incidence of substance abuse	14.8%	20.9%
Use of tests or evaluation instruments to measure attitudes about substance abuse	14.7%	19.1%
Studies of indicators of substance abuse	12.0%	13.2%
Use of tests to measure the development of skills related to drug prevention	8.4%	11.8%
Followup of individuals or agencies involved in program	7.9%	16.6%

SOURCE: Item 22 of the Governors' Award Recipient Questionnaire.

Table E-6. DFSCA Program Evaluation Efforts in Local Education Agencies as of 1988-89

Evaluation Efforts	Completed Percent of LEAS (n=11,493)	In Progress Percent of LEAs (n=11,493)
Documentation or description of program activities (e.g., number of staff, number of individuals in target population(s) served, extent and nature of provided services)	21.6%	27.2%
Survey or other structured activities to assess program effect on those involved	11.4%	20.2%
Use of tests or evaluation instruments to measure knowledge or incidence of substance abuse	18.0%	15.7%
Use of tests or evaluation instruments to measure attitudes about substance abuse	16.3%	14.6%
Studies to test or evaluate incidence of substance abuse	17.6%	12.7%
Studies of indicators of substance abuse	8.3%	15.4%
Use of tests to measure the development of skills related to drug prevention	5.4%	14.5%
Followup of individuals or agencies involved in program	6.6%	18.1%

NOTE: The total estimated number of districts in this table excludes the 3,184 districts not receiving SEA DFSCA funds.

SOURCE: Item 41 of the Local Education Agency Questionnaire

Governors' programs had even fewer staff available to administer programs and provide technical assistance to grantees--26 states reported having only 1.5 or less full-time equivalent professional staff. (The DFSCA Amendments of 1989 provided state-level administrative funds for the first time to Governors' programs; prior to that time professional staff who administered the Governors' programs were supported by other state funds.)

An issue that has implications for the difficulty of program monitoring within the Governors' programs is the statutory definition of "high risk youth." Many local programs found the definition unclear and difficult to implement at the local level. In site visits, program staff expressed concern that the definition does not address some research-based risk factors that may more accurately predict drug use than many of the risk factors listed in the Act. Staff also worried that identifying or labeling children and youth as being at "high risk" for alcohol and other drug use may have adverse consequences. Some state level staff requested additional guidance from the Department of Education on allowable services and eligible recipients for Governors' High Risk Youth grantees. These staff reported that few of the local programs they funded for high-risk youth were providing accurate documentation that at least 90 percent of the youth served by the programs met the Act's definition of high risk. Nevertheless, the state staff were reluctant to demand that this requirement be met because they were sympathetic with the local programs' objections and their general confusion. The concern about allowable services centered around the question of whether programs for high-risk youth could include parents and other family members in their activities and services.

Leadership Roles of Federal, State, and Local Agencies and Programs

DFSCA is primarily a local program, providing services at the local level across the nation. Nevertheless, there is an important leadership role for federal and state, as well as local, agencies in identifying program needs, providing information on promising approaches in prevention, planning comprehensive programs and services, and coordinating community-wide efforts.

The Department of Education plays a primary role in setting policy for DFSCA programs (for example, ED endorses a prevention approach for programs supported by DFSCA that treats any use of alcohol or other drugs as "wrong and harmful"). Further, there is a need for federal agencies to help in disseminating findings from OSAP demonstration grants and other studies, to provide information on effective practices and programs, to provide technical assistance on evaluation, and to provide nonregulatory guidance for state and local programs.

The involvement of the chief state school officers and Governors has been critical to the successful implementation and continuation of the DFSCA programs in their states, and their continued involvement is viewed as equally important. State education agencies and Governors' program offices have primary responsibility for monitoring for compliance, and could take an active role in planning, implementing, and evaluating prevention programs at the state and local

levels. Local programs also look to the state program offices for training and technical assistance, particularly on evaluation activities.

Local DFSCA programs and their coordinating/advisory councils play a central role in coordinating local prevention efforts and mobilizing community-wide support for both school- and community-based prevention activities. While support from the federal and state levels is essential, local programs can identify and make use of additional, local resources to meet local needs.

Issues and Recommendations

The findings of this implementation study of the Drug-Free Schools and Communities Act State and Local Programs, and the issues raised by those findings, have led to a number of specific recommendations, which are presented below. Some of these recommendations could be formalized in future legislative initiatives; others could be addressed within the existing program regulations and structures.

Administration and Funding Issues

- SEAs and Governors' programs should be encouraged to use a substantial portion of their administrative set-aside funding to strengthen monitoring of, technical assistance to, and evaluation of school and community prevention programs.

- Congress should require states to provide a guaranteed minimum amount of funding for small LEAs to provide sufficient resources for training and other components of comprehensive prevention programs.

- Governors' program staff at the state level should examine the size and duration of project awards to determine if they are providing funding of sufficient size and duration to enable grantees to achieve positive outcomes for youth.

State Level Planning and Coordination

- Governors and chief state school officers should continue to provide direct personal support for alcohol and other drug prevention in general, and for interagency collaboration for prevention programs in particular.

- Governors and chief state school officers should consider forming a single (joint) state advisory council to provide guidance and support for prevention programs and to improve coordination across state agencies with responsibility for prevention activities.

- The agencies administering the SEA and Governors' DFSCA programs should increase their efforts to interact and collaborate with other state-level agencies in order to avoid duplication of services and to expand resources available for drug prevention and education.

High Risk Youth

- Congress should review and revise the statutory definition of "high-risk youth" to include research-based risk factors that predict alcohol and other drug use and abuse by children and youth. Revising the definition will assist Governors' award recipients in appropriately targeting services for youth at high risk for alcohol and other drug use.

- The Department of Education should provide additional guidance to Governors' program staff at the state level on allowable services and eligible recipients for programs funded under the Governors' High Risk Youth Grants. Further, Governors' program staff should develop monitoring procedures to ensure that Governors' award recipients are in compliance with the statutory requirements for serving high risk youth.

Evaluation

- The Department of Education should provide guidance on program evaluation activities that are likely to be most useful to state and local programs for assessing the effectiveness and improving the quality of their programs. This guidance should take into account differences in available resources among states and localities.